



2013-2014
BROKEN ARROW YOUTH CITY COUNCIL APPLICATION
(Please Print Clearly)

Full Name		(See Back) Council Ward No.	
Address		Zip	
E-Mail	Birth Date	School	Grade
Parent or Guardian's Name			
Address	City	Zip	
Telephone (Home)		(Work)	
In case of emergency, notify			
Telephone		Relationship	
Do you have a job?		How many hours a week?	
How many hours a week can you participate with the Youth Council? _____			
What school activities and clubs are you active in? _____			

Other community involvements? _____			

- ☐ **I have attached a 250-word essay of why I want to participate.**

☐ **I meet all requirements of being a Youth City Councilor.**

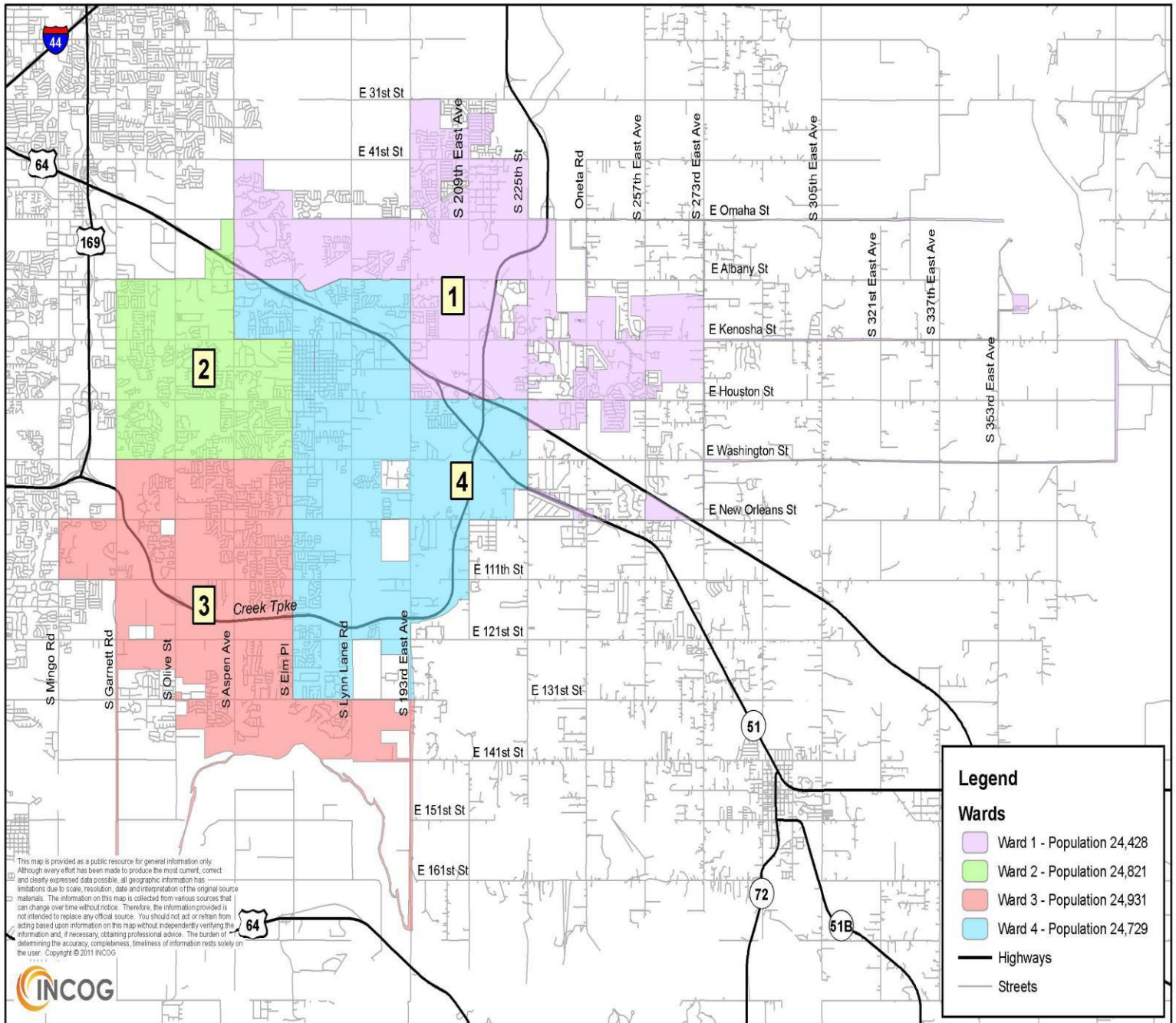
Applicant signature: _____

Parent or Guardian approval: _____

Date completed: _____

Mail or deliver to City Manager's Office, 220 S. 1st St., Broken Arrow, OK 74012
Deadline is Friday, September 27, 2013 at 5 P.M.

Please use map below to pinpoint the Ward you live in and note on front of application.



Signed application must be received at City Manager's Office at City Hall no later than 5 p.m. on September 27, 2013.

City of Broken Arrow
220 South First Street
P. O. Box 610
Broken Arrow, Oklahoma 74013

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